

GRANTEE'S CLOSE OUT AND RELEASE FORM

Contract #	Project Name
City/Town/County or AOG (select one):	Sub-grantee, if applicable (HA, non-profit or SSD)
Address:	Address:
City, State, Zip:	City, State, Zip:
Chief Elected Official:	Director:

Pursuant to the terms of Contract # _____ for \$ _____ grantee; upon payment, releases the grantor, its officers, agency's and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract.

Chief Elected Official

CERTIFICATION: I certify that all information and statements in this report are accurate and correct as of this date.

Project Manager

Date

Leveraged Funds Source:	Total \$\$\$ by Source	% of Total Project
State CDBG Funds		
Other State Funds (Identify)		
County Funds		
City/Town Funds		
Federal Funds(Identify)		
Other (Identify)		
Other (Identify)		
Total:		

NATIONAL OBJECTIVE: Check one: X. Low and moderate income persons (LMI) project:
 ☐ Slum and Blight project
 ☐ Urgent health & Welfare project:

- 1 This project helped:
(choose 1 below)
- ☐ Provide a suitable living environment
- ☐ Provide decent affordable housing
- ☐ Create economic opportunity

2. This project improved the following:
(choose 1 below)
- ☐ Availability / Accessibility
- ☐ Affordability
- ☐ Sustainability / Livability

DESCRIBE THE PROJECT IN QUANTIFIABLE TERMS - ACCOMPLISHMENTS, i.e.; 1400 feet of water line installed, constructed 2500 sq.ft. Senior center, etc. Describe how it benefited the individuals/community per the above criteria:

Beneficiaries are counted by “PERSONS” unless the project is “First Time Home Buyer”, housing rehab, or a sewer lateral project.

PROJECT BENEFICIARIES BY RACE/ETHNICITY

	TOTAL BENEFICIARIES
WHITE	
BLACK/AFRICAN AMERICAN	
ASIAN	
AM.INDIAN/ALASKA NATIVE	
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	
AM. INDIAN/ALASKA NATIVE & <i>WHITE</i>	
ASIAN & <i>WHITE</i>	
BLACK/AFRICAN AMERICAN & <i>WHITE</i>	
AMERICAN INDIAN/ALASKA NATIVE & <i>BLACK</i>	
OTHER MULTI-RACIAL	
HISPANIC	
TOTAL OF ALL RACES →	

PROJECT BENEFICIARIES BY INCOME LEVEL

Data below was collected from: <input type="checkbox"/> Census <input type="checkbox"/> Survey <input type="checkbox"/> Presumed Benefit Project		
	INCOME LEVEL	TOTAL BENEFICIARIES
A	Total # of Project Beneficiaries	
B	# of Very Low Income* Persons (30% of AMI)	
C	# of Low Income* Persons (50% of AMI)	
D	# of Moderate Income Persons (80% of AMI)	
E	Total of all low or moderate income beneficiaries →	
	% of Low or Moderate Income Persons Served (Row E divided by Row A) →	
	Total # of Female Headed Households →	

* Count beneficiaries as “Moderate Income” if more specific information is unknown.

PRESUMED BENEFIT ACTIVITY GUIDANCE

- ✓ Groups presumed to be **Low Income** – Battered spouses, severely disabled adults, illiterate adults, persons with AIDS, migrant farm workers, assistance to seniors/elderly outside of a senior center
- ✓ Groups presumed to be **Very Low Income** – Abused children, homeless persons
- ✓ Groups presumed to be **Moderate Income** – Senior Center construction or Senior Center Services

For State Use Only

IDIS Project #	IDIS Activity #	Program Specialist	Date	IDIS Entry Date